14031233856

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVE PAGE 1/5
2014 MAY -9 PM 2: 19
FEC MAIL CENTER

| | | | | Office Use Only |
|------------------------------------|----------------------|---|--|---|
| NAME OF COMMITTEE (in full) | (Check if is changed | | nple:If typing, type the lines. | 12FE4M5 |
| KENTUCKY REF | PUBLICAN | LEADERS | SHIP FUND | |
| | | | | |
| 1 | 11111 | | ! ! ! ! ! ! ! ! | |
| | PO BOX 1068 | luga (1111) (1111) (1111) (1111) (1111) (1111) | <u> </u> | Советник и предости при пред достой пости и пости |
| ADDRESS (number and street) | | <u> </u> | | |
| (Check if address is changed) | <u> </u> | | <u> </u> | |
| | FRANKFORT | | 1 | KY 40602 |
| | CITY ▲ | | <u> </u> | STATE A ZIP CODE A |
| | | | | |
| COMMITTEE'S E-MAIL ADDRE | | | | |
| (Check if address is changed) | CALEB@CRO | SBYOTT.COM | | |
| is changed) | Optional Second E | - Mail Addraga | | |
| | | L-Iviali Address | | |
| | t | h | <u> </u> | |
| is changed) 2. DATE 05 0 | 9 2014 | | | |
| 3. FEC IDENTIFICATION N | UMBER ▶ | C | | |
| 4. IS THIS STATEMENT | NEW (N) | OR 2 | AMENDED (A) | |
| I certify that I have examined the | nis Statement and to | the best of my kr | nowledge and belief it | is true, correct and complete. |
| | | | | |
| Type or Print Name of Treasure | caleb Cro | sby | | |
| Signature of Treasurer | aleb Cross | by | 10-10-10-10-10-10-10-10-10-10-10-10-10-1 | Date 05 09 2014 |
| NOTE: Submission of false, erron | | | ect the person signing the | his Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS. |
| Office Use Only | |]]! | For further information co Federal Election Commissio Foll Free 800-424-9530 Local 202-694-1100 | FEL. ELIBINI I |

| TYPE OF COMMITTEE Candidate Committee: | | | | | | | | |
|--|-----------------------|--|--|--|--|--|--|--|
| (a) | | This committee is a principal campaign committee. (Complete the candidate information below.) | | | | | | |
| (b) | | \$4.0E | | | | | | |
| Name of Candidate | | | | | | | | |
| | lidate Affiliation | Office Sought: House Senate President District | | | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | |
| Name Cand | | | | | | | | |
| Pari | y Con | | | | | | | |
| (d) | : ! | (National, State (Democratic, Finis committee is a or subordinate) committee of the Republican, etc.) Party. | | | | | | |
| Poli | | ion Committee (PAC): | | | | | | |
| (e) | 1 | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a | | | | | | |
| | | Corporation Corporation w/o Capital Stock Labor Organization | | | | | | |
| | | Membership Organization Trade Association Cooperative | | | | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) | | | | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | | | |
| Join | t Fund | ising Representative: | | | | | | |
| (g) | | this committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. | | | | | | |
| (h) | × | his committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political ommittees/organizations, none of which is an authorized committee of a federal candidate. | | | | | | |
| | Com | ttees Participating in Joint Fundraiser | | | | | | |
| | 1. | REPUBLICAN NATIONAL COMMITTEE FEC ID number C C00003418 | | | | | | |
| | 2. | REPUBLICAN PARTY OF KENTUCKY FEC ID number C C00156810 | | | | | | |
| | 3. | FEC ID number | | | | | | |
| | 4. | FEC ID number | | | | | | |

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| Daga | - |
| | |

| Write or Type Committee Name | | | | | | | | |
|---|--|---|--|--|--|--|--|--|
| KENTUCKY REPUBLICAN LEADERSHIP FUND | | | | | | | | |
| 6. Name of Any Connected C | Organization, Affiliated Committee, Joint Fundraising Re | epresentative, or Leadership PAC Sponsor | | | | | | |
| NONE | | | | | | | | |
| | | | | | | | | |
| Mailing Address | | | | | | | | |
| | | | | | | | | |
| | CITY | STATE ZIP CODE | | | | | | |
| Relationship: Connected | d Organization Affiliated Committee | ng Representative Leadership PAC Sponsor | | | | | | |
| Custodian of Records: Ider books and records. | ntify by name, address (phone number optional) and po | sition of the person in possession of committee | | | | | | |
| Full Name CALEB CI | ROSBY | <u> </u> | | | | | | |
| Maning Address | | | | | | | | |
| | ARLINGTON | VA 22219 | | | | | | |
| Title or Position | CITY | STATE ZIP CODE | | | | | | |
| TREASURER | Telephone n | number | | | | | | |
| Treasurer: List the name an any designated agent (e.g., a | d address (phone number optional) of the treasurer of tassistant treasurer). | the committee; and the name and address of | | | | | | |
| Full Name CALEB CF of Treasurer | ROSBY | | | | | | | |
| Mailing Address | PO BOX 9891 | | | | | | | |
| | | | | | | | | |
| | ARLINGTON | VA 22219 - STATE ZIP CODE | | | | | | |
| Title or Position TREASURER | Telephone n | | | | | | | |

CITY

FEC Form 1 (Revised 02/2009)

CALEB CROSBY

Full Name of

Mailing Address

Designated Agent

Page 4

ZIP CODE

ZIP CODE

ZIP CODE

STATE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

| The FEC added this page to the end of this filing to indicate how it was received. | | | |
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| PREPARER | DATE PR | EPARED | |
| (8/2013) | | | |